

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Office of Emergency Medical Services  
2 Boylston Street, 3<sup>rd</sup> Floor  
Boston, MA 02116  
(617) 753-7300  
Fax: (617) 753-7320

MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COTE, JR.  
COMMISSIONER

TO: EMT INTERMEDIATE CANDIDATE WITH OUT-OF-STATE EMT-INTERMEDIATE  
LICENSE/CERTIFICATION

FROM: MASSACHUSETTS OFFICE OF EMERGENCY MEDICAL SERVICES

SUBJECT: VERIFICATION OF EMERGENCY MEDICAL TECHNICIAN (EMT) STATUS

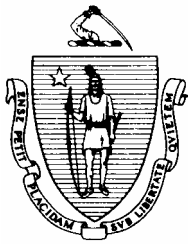
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In order to become certified based on your out-of-state EMT-Intermediate certification or license, you must submit documentation of current licensure/certification in good standing as an EMT-Intermediate. This documentation must be submitted with your application and accompanying documentation. **Please note that you must be credentialed to perform the skill of Endotracheal Intubation in order to take the EMT-Intermediate Examination in Massachusetts.**

Please enter your name, Social Security Number, Certification/License number, expiration date and State that issued the license/certification on the form. **The form is to be completed by the state agency that issued your Intermediate Certification/License.** The form is to be returned to you in a sealed envelope with the signature of the individual who verified your certification across the seal. Envelopes that are not signed and sealed, or that have been opened will not be accepted.

If you have any questions or need additional information, please contact OEMS at 617-753-7300.

Thank you.



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TO: State Emergency Medical Services Agency: Licensure/Certification Division  
FROM: Massachusetts Office of Emergency Medical Services  
SUBJECT: Verification Of Emergency Medical Technician (EMT) Status

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The following named individual has applied for Massachusetts EMT certification based on credentials from your agency. Please verify or complete the following information and return the form to the individual in the envelope provided. **PLEASE INDICATE IF THE INDIVIDUAL TOOK AND PASSED A STATE APPROVED OR ADMINISTERED WRITTEN AND/ OR PRACTICAL EXAMINATION.** For security, please ensure your signature is written across the sealed flap on back of envelope. Thank you for your assistance.

NAME: \_\_\_\_\_  
                    *First*                                    *middle*                                    *last*

LEVEL OF CERTIFICATION: **EMT-Intermediate**

SOCIAL SECURITY# \_\_\_\_\_ CERTIFICATION/LICENSE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ STATE \_\_\_\_\_

Is this applicant's certification in good standing? (No compliance issues on the record and no pending compliance issues.)

☐ YES

☐ NO (explain) \_\_\_\_\_

Has applicant's certification/license ever been suspended/revoked in your state?

☐ YES (explain) \_\_\_\_\_

☐ NO

EMT Training: Please indicate EMT-Intermediate curriculum completed:

☐ 1999 Department of Transportation (DOT) CURRICULUM

☐ 1985 DOT CURRICULUM.

☐ Other (Please specify) \_\_\_\_\_

EMT Testing: Please indicate if the candidate was required to pass a written and a practical exam to obtain certification/licensure.

☐ Practical Exam

☐ Written exam

☐ Both Written & Practical

Is this EMT-Intermediate credentialed to perform the skill of Endotracheal Intubation?

☐ Yes

☐ No

\_\_\_\_\_  
Verifying Persons Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date